



**ADMINISTRATIVE BUDGET**  
Child and Adult Care Food Program

Attachment M

17

SPONSORING ORGANIZATION: \_\_\_\_\_

BUDGET PERIOD: October 1, 2016 through September 30, 2017

A Budget Narrative in WORD format is required to be attached behind this page. Include a sentence (or more) description of each entry listed below. For allocated items, include a description such as...AUDIT : CACFP portion of 16% of the annual \$7,500 audit. We sent out an RFP this year from which the board of directors selected the firm that best met out needs.

LINE ITEM JUSTIFICATION: Use the Line Item Justification form to justify any budget item greater than 5% of the total administrative budget. ☐  
(Not required for staff salaries or travel)

**PART A - EXPENSES:**

**1 SALARIES** (Complete and attach Salaries Table)

5% indicator  
Justify These Lines

1.1 CACFP Regular Personnel	
1.2 Benefits	
1.3 Temporary Personnel	
1.4 Other - Specify	

**SPWA is requested for overtime? Y/N**

Refer to attachment: \_\_\_\_\_

**2 OPERATIONS**

2.1 Rent/Use Allowance	\$ 56.00	Yes - Justify
2.2 Utilities - Specify	\$ -	
2.3 Maint. Bldg/Grounds	\$ -	
2.4 Insurances		
2.5 Real Estate Taxes	\$ 10.00	Yes - Justify
2.6 Minute Menu System		
2.7 Office Supplies (under \$5,000)		
2.8 Office Equipment (over \$5,000)		
2.9 Printing		
2.10 Advertising		
2.11 Telephone		
2.12 Postage		
2.13 Bank Fees		
2.14 Other-Specify		

**3 CONTRACTED SERVICES**

3.1 Accounting Services		Yes - Justify
3.2 Audit (Over Program Grant)		
3.3 Internet Service		
3.4 Legal Service		
3.5 Consultant Service-Specify		
3.6 Other-Specify	\$ 15.00	

**4 TRAINING/EDUCATION**

4.1 Registration/User/Participant Fees	
4.2 Speaker Fees/Honorarium	\$ 1.00
4.3 Meeting Room Rental/Space	
4.4 Training/Educ. Materials/Supplies	
4.5 Publications/Reference/Subscriptions	
4.6 Membership/Professional Dues	
4.7 Other - Specify	

**5 TRAVEL IN-STATE**

5.1 Mileage/Vehicle Use	
5.2 Hotel	
5.3 Per Diem	
5.4 Other-Specify	

**6 TRAVEL OUT-OF-STATE**

6.1 Airfare	
6.2 Hotel	
6.3 Per Diem	
6.4 Ground Transport/Taxi/Parking	
6.5 Other-Specify	

All items sections 1-6

**TOTAL \$ 82.00**

Note: For items in yellow, a SPWA submitted at the time of renewal should cover entire fiscal year and does not need to be re-submitted at the time of the expenditure.

**PART B – REIMBURSEMENT INCOME**

Anticipated income from CACFP administrative funds:

For the calculation below, use the average number of homes that have claimed over the last 6 months:

	Homes	1 yr	Rate	Income
1.1 Number of homes (1-50) is		x 12 months	\$111.00	#VALUE!
1.2 Number of homes (51-200) is		x 12 months	\$85.00	#VALUE!

Anticipated CACFP income from other sources

- 2.1 Sale of print materials  
2.2 Other – Specify


TOTAL ANTICIPATED ADMINISTRATIVE REIMBURSEMENT/INCOME

#VALUE!

Budget as listed on page 1

\$88.00

**Budget amount and provider reimbursement should be very similar**

Difference

#VALUE!

List the average number of homes in your sponsorship for the five most recent Federal fiscal years:

FY12- \_\_\_\_\_ homes

FY13- \_\_\_\_\_ homes

FY14- \_\_\_\_\_ homes

FY15- \_\_\_\_\_ homes

FY16- \_\_\_\_\_ homes

#DIV/0!

Average

List source and amount of donations to CACFP. (Note: If donations to your organization are not specifically designated to CACFP, they are NOT considered CACFP donations.)

I hereby certify that the information on this form and the budget attachment is true and correct to the best of my knowledge. I understand that this information is being given in conjunction with the receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

SIGNATURE OF SPONSOR'S AUTHORIZED REPRESENTATIVE

DATE